

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

ADDRESS (number and street) ▼

2150 RIVER PLAZA DR. #150

☐ Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00514224

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID BAUER

Signature of Treasurer

DAVID BAUER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	37000.00	37000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37000.00	37000.00
7. Total Disbursements (from Line 31) .....	18820.19	18820.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18179.81	18179.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	12977.27	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37000.00	37000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37000.00	37000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37000.00	37000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37000.00	37000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37000.00	37000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5033.89	5033.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5033.89	5033.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	13720.80	13720.80
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	65.50	65.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18820.19	18820.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18820.19	18820.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37000.00	37000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37000.00	37000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5033.89	5033.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	5033.89	5033.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

## **A. TOM CHARTER**

Mailing Address 1241 PUTNAM WAY

City State Zip Code  
 ARBUCKLE CA 95912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T & P FARMS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
 05 24 2012

**Transaction ID : INCA2**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. TOM CHARTER**

Mailing Address 1241 PUTNAM WAY

City State Zip Code  
 ARBUCKLE CA 95912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T & P FARMS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
 05 24 2012

**Transaction ID : INCA3**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. KENNETH ENGLISH**

Mailing Address P. O. BOX 1388

City State Zip Code  
 WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
 05 24 2012

**Transaction ID : INCA4**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

## **A. ALLEN ETCHEPARE**

Mailing Address P. O. BOX 658

City State Zip Code  
 MAXWELL CA 95955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMERALD FARMS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : INCA7**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. VANN BROTHERS**

Mailing Address 365 RUGGIERI WAY

City State Zip Code  
 WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : INCA6**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. WILLIAM VANN**

Mailing Address 365 RUGGIERI WAY

City State Zip Code  
 WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VANN BROTHERS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : IDTA2**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

## **A. VANN BROTHERS**

Mailing Address 365 RUGGIERI WAY

City State Zip Code  
WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 24 2012

Transaction ID : INCA5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. GARNETT VANN**

Mailing Address 365 RUGGIERI WAY

City State Zip Code  
WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VANN BROTHERS

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 24 2012

Transaction ID : IDTA1

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. ADR CONSULTING**

Mailing Address 1804 MASON RD.

City State Zip Code  
FAIRFIELD CA 94534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 25 2012

Transaction ID : INCA11

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. HERMAN ROWLAND SR**

Mailing Address 1 JELLY BELLY LN.

City State Zip Code  
 FAIRFIELD CA 94533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JELLY BELLY CANDY

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

Transaction ID : INCA10

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. RALPH DOLBOW**

Mailing Address PO BOX 1341

City State Zip Code  
 Colusa CA 95932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

Transaction ID : INCA21

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THE FOOTHILL WAREHOUSE CO., L.L.C.**

Mailing Address 2005 HUSTED RD.

City State Zip Code  
 WILLIAMS CA 95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

Transaction ID : INCA22

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. CHRIS CRUTCHFIELD**

Mailing Address P. O. BOX 520

City

WILLIAMS

State

CA

Zip Code

95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN COMMODITY CO. LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : INCA25**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. . PASKENTA BAND OF NOMLAKI INDIA**

Mailing Address 1012 SOUTH ST.

City

ORLAND

State

CA

Zip Code

95963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIAN TRIBE

Occupation

SOVEREIGN NATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : INCA24**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

37000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. SMITH JOHNSON RESEARCH**

Mailing Address 2150 RIVER PLAZA DR. #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement  
POLLING

005

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

**Transaction ID : EXPB19**

Amount of Each Disbursement this Period

4720.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4720.00
---------

4720.00
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 14

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GATEWAY MEDIA**

Nature of Debt (Purpose):

MASS MAIL

Mailing Address 2150 RIVER PLAZA DR. #150

City State

SACRAMENTO

Zip Code

CA

95833

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD23

Amount Incurred This Period

12759.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

12759.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WAYNE JOHNSON**

Nature of Debt (Purpose):

SUPPLIES

Mailing Address 2150 RIVER PLAZA DR. #150

City State

SACRAMENTO

Zip Code

CA

95833

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD28

Amount Incurred This Period

56.01

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**TIM ROSALES**

Nature of Debt (Purpose):

POSTAGE

Mailing Address 2150 RIVER PLAZA DR. #150

City

SACRAMENTO

State

CA

Zip Code

95833

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD29

Amount Incurred This Period

162.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

162.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12977.27

2) **TOTALS** This Period (last page this line number only)..... ►

12977.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

12977.27

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00514224       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>DOMÉ PRINTING</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 29 / 2012
Mailing Address 340 COMMERCE CIR.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4738.42</div>
City SACRAMENTO	State CA	
Zip Code 95815	Transaction ID : EDTEALC2	
Purpose of Expenditure MASS MAIL	Category/ Type <span style="border: 1px solid black; padding: 2px;">24A</span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: KIM VANN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 26546.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>GATEWAY MEDIA</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 29 / 2012
Mailing Address 2150 RIVER PLAZA DR. #150		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8982.38</div>
City SACRAMENTO	State CA	
Zip Code 95833	Transaction ID : EDTEALC3	
Purpose of Expenditure MASS MAIL	Category/ Type <span style="border: 1px solid black; padding: 2px;">24A</span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: KIM VANN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 26546.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">13720.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAVID BAUER

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
 06 / 06 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00514224       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>GATEWAY MEDIA</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
[MEMO ITEM] Mailing Address 2150 RIVER PLAZA DR. #150		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           12825.63         </div>
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Expenditure MASS MAIL	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KIM VANN		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           26546.43         </div>		2012

Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>
City	State	Zip Code
Purpose of Expenditure	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>		2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">13720.80</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAVID BAUER

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

 06 / 06 / 2012